



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:55 pm, Jun 03, 2022

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|---|-----------------------------|----------------------------------|
| ALCO SENSOR IV SN 105446 | NAME OF AGENCY Lone Jack | DATE OF INSPECTION 06/02/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Rd, Lone Jack | | TIME OF INSPECTION 10:04 pm |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories, INC LOT # 20420 EXP. DATE 09/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP6535 SIM. NIST EXP DATE 02/01/2023

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

| | | |
|--------------|--------------|--------------|
| TEST 1 .098 | TEST 2 .097 | TEST 3 .097 |
|--------------|--------------|--------------|

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | | | | | | | |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|
| REFUSALS | 0 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

| | |
|---|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME Virginia DeBoard |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210030 2/23/2023 | TELEPHONE NUMBER (816) 697-2417 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 185446
Version no: 532B

TEST RECORD 00948

Temp Date Time ^{s/} 210L

Air Blank:
06/02/22 22:07 .000
Calibration Check:
27 06/02/22 22:07 .097

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 185446
Version no: 532B

TEST RECORD 00946

Temp Date Time ^{s/} 210L

Air Blank:
06/02/22 22:04 .000
Calibration Check:
25 06/02/22 22:04 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 185446
Version no: 532B

TEST RECORD 00949

Temp Date Time ^{s/} 210L

VOID: RTI
12 06/02/22 22:00

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 185446
Version no: 532B

TEST RECORD 00947

Temp Date Time ^{s/} 210L

Air Blank:
06/02/22 22:05 .000
Calibration Check:
26 06/02/22 22:05 .097

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-561-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST. All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

VIRGINIA DEBOARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo. and 306.111 through 306.119 RSMo.

DATE 2/23/2021

NUMBER 210030

EXPIRES 2/23/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-380-9757 (6-07)

LAS-4 (PS-10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

This permit authorization is restricted to operate an authorized breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator DEBOARD, VIRGINIA
 Permit No. 210030
 Date Issued 2/23/2021 Date Expires 2/23/2023



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Richard W. Moore
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6535 **Manufacturer:** Guth
Model Number: 12V500
Agency: LONE JACK PD
Agency Address: 401 N BYNUM RD, LONE JACK, MO 64070

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.01
Uncertainty: 0.02
Date of Certification: 11/10/2021 **Date of Expiration:** 11/10/2022

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00 | 34.01 | .03 |

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/1/2022
Certification Expiration: 2/1/2023
Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP6535_212022

X *Brianna Medrano*

DHSS BAP Scientist Approving